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ABSTRACT

A study examined the impact of a simulated aging experience on nursing staff perceptions of job satisfaction and job performance. It was hypothesized that nurses and nurse aides who participated in the simulated aging experience would be more satisfied with their jobs and would receive fewer complaints from residents than those who did not participate. One hundred and fifty nurses and nurse aides (82% of those employed) from a nursing home participated in a regularly scheduled inservice activity in which they experienced some of the difficulties associated with aging and being institutionalized. Dependent measures were Smith, Kendall, and Hulin's job satisfaction scale and the number of complaints registered by residents against a staff member. Results indicated that, in general, the nurse aides seemed to be more influenced by the simulation than the nursing staff. Results showed nurse aides to be more satisfied with their jobs if they participated in the simulation, whereas nurses' satisfaction did not change. Results did not support the hypothesis that less complaints would be lodged against those who participated in the simulation, though the severity of complaints did decrease. However, post hoc analyses suggest that the aging experience did improve the quality of care for residents in some cases. (SRT)

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THE IMPACT OF SIMULATED AGING ON NURSING STAFF SELF REPORTS OF JOB SATISFACTION AND PERFORMANCE

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Abstract

This investigation examines the impact of Hoffman & Reif's (1978) simulated aging experience, "Into Aging," on nursing staff personnel self reports of job satisfaction and the number of complaints registered against the staff by the residents. Specifically, this study suggests that nursing staff personnel exposed to the simulated aging experience are more satisfied with their jobs than their counterparts who have not participated in the simulation. While the total number of complaints registered against staff members did not significantly differ, post hoc analysis suggests that the simulation altered staff treatment of residents in some cases.

THE IMPACT OF SIMULATED AGING ON NURSING STAFF SELF REPORTS OF JOB SATISFACTION AND PERFORMANCE

Gerontological scholars and practioners have begun calling for social skills programs designed to help staff members increase their understanding of the difficulties facing the institutionalized elderly in an effort to improve the quality of interaction between staff and resident (c. f. Martin & Buckwalter, 1984; Bridge & Speight, 1981; Paulan & Rapp, 1981; Cohen, 1979; Donnelly, 1978; McDonald, 1977). Dramatic changes in the demography of the United States, the realization that staff resident relationships greatly impact the physical and mental health of the institutionalized elderly (c.f. Blenkner, 1967; Lieberman, 1969; Lowenthal & Haven, 1968; Lubinski, 1978; Moriwaki, 1973; Noelker & Harel, 1978; Nussbaum, 1981; Nussbaum, Robinson, & Grew, 1983a;1983b; Pfeiffer, 1977), recognition that staff attitudes toward the residents impacts the health care they receive (c.f. Burnside, 1980; 1981; La Monica, 1979; Nussbaum, Robinson, & Grew, 1983a; 1983b), and an increased awareness of the barriers facing the elderly in conversation (c.f. Robinson, Wallace, & Nussbaum, 1983; Nussbaum, Robinson & Grew, 1983) have been cited as evidence of the need for communication skills training in long-term health care facilities.

Some of the communicative barriers that have been identified include the sensory decline in sight (c.f. Botwinick, 1977) and hearing (c.f. Corso, 1977; Willeford, 1971) and the accompanying increased likelihood of proxemic violation during conversation associated with sensory decline. Decreases in the ability to recall information, especially recent memory (c.f. Arenberg, 1973; Botwinick, 1973; Jarvik & Cohen, 1973) and increased difficulty

processing nonverbal cues (c.f. Horn & Cattell, 1967) have also been observed. Such difficulties make conversation with the elderly more difficult and stressful and it seems reasonable to expect a decrease in the frequency and duration of staff - resident interaction. This is of particular import in light of Noelker & Harel's (1978) demonstration of the importance of staff - resident interaction to the well being of the institutionalized elderly.

In addition to recognizing staff - resident relationships influence the resident's quality of life, researchers and practioners have begun to realize staff-resident relationships also influence the quality of work life for the staff. Research by Nussbaum, Robinson & Grew (1983a) identified a strong link between nursing staff perceptions of job satisfaction and feelings of affinity for the residents of the nursing home. Staff members who feel high levels of affinity toward the elderly are more satisfied with their jobs than their counterparts who report feeling less affinity toward the residents of the long term health care facility.

Subsequent research into staff-resident relations have uncovered a small direct relationship between the content of conversations and nursing staff satisfaction (Nussbaum, Robinson & Grew, 1985). Specifically, it was found that nurses high in job satisfaction discussed problems of old age with the residents more frequently than their less satisfied counterparts.

Other research by Nussbaum, Robinson, & Grew (1984) identified specific communicative behaviors associated with affinity toward residents. Specifically, it was found that nurse aides reporting high levels of affinity communicated with residents in a more relaxed and friendlier style than staff members who felt less affinity toward residents. The staff

members reporting high levels of affinity also discussed problems of old age more frequently than did staff members who reported feeling less affinity toward residents.

In a more recent investigation of the friendship networks in long-term health care facilities, Nussbaum, Holladay, Robinson, & Regan (1985) concluded that elderly residents would indeed benefit from friendship with staff members. It was observed that elderly individuals reporting high levels of general well being also reported high levels of satisfaction with the nursing home environment and high levels of satisfaction in their relationships with staff persons. It appears that significant relationships with staff members contributes to the quality of life of the institutionalized elderly. This conclusion is consistent with the findings of Miller & Lelieuvre (1982) who found the elderly experiencing less pain when they were given attention and verbal praise by staff members. Finally, even more compelling evidence has been provided by Noelker and Harel (1978) who found staff-resident relations friendships related to survivability or longevity of the elderly.

It is apparent that the staff-resident relationship are an important area of study for improving the quality of life of proprietary nursing home residents. It also appears that the implementation of social skills and communication skills programs may benefit the residents of long term health care facilities. In fact, several researchers (c.f. Donnelly, 1978) have suggested programs such as assertiveness training to improve staff member skills. It seems that until more is known about the skills related to life satisfaction and longevity of the institutionalized elderly, however, that such prescriptions are premature. Until specific skills and behaviors have

been identified, such training may be ineffective or actually do more harm than good.

Similarly, some social skills or communication skills programs may benefit the staff of a long term health care facilities. Research by Nussbaum Robinson & Grew (1984) suggests that a friendly, relaxed communicator style may benefit the residents and the staff but with out empirical evidence prescriptions for skills training of any kind seems unjustified at this time.

It seems, then, that the most expedient way of helping staff members better understand the difficulties associated with being elderly and being institutionalized, is to provide them experience through simulation. In providing the staff experience with aging, albeit simulated experience, it was expected that an increased understanding of the importance conversation plays in the lives of the institutionalized elderly. Further, it was expected that a better understanding of aging and institutionalization would increase the satisfaction staff members derived from their and make staff - resident conversation less difficult. Job satisfaction would increase, it was reasoned, because the staff would better understand how important their job and their relationships with the residents are to those residents. It was similarly reasoned staff members with a better understanding of the difficulties associated with institutionalization and aging would be less likely to behave in ways that would result in resident complaints. Specifically this paper examines the impact of a simulated aging experience on staff perceptions of job satisfaction and job performance as measured by the number of complaints registered against nurses and nurse aides.

Review of Relevant Literature

Caring for the aged in a complex institutional organization is a very arduous task. Sheridan, Fairchild, & Abelson (1981) and Wallace & Brubaker (1981) observed that the difficulty of caring for the elderly residents manifests itself by high turnover rates and high levels of absenteeism in nursing homes. Further, job dissatisfaction has been reported to cause the high turnover and absenteeism of nurses in hospital settings (Allan, Jackson, & Jounger, 1980; Ivancevich, Matteson, & McMahon, 1980; Weisman, Alexander, & Chase, 1980) and low wages certainly do not contribute to job satisfaction (Hyerstay, 1978; Winston, 1981). In short, the difficulties associated with working in the nursing home environment appear to contribute to dissatisfaction with the job.

Since previous research has indicated that staff - resident relationships influence the satisfaction staff members derive from their jobs, it seems reasonable to expect that inservice activities that promote an increased understanding of the aging process and some of the difficulties associated with being an institutionalized elderly individual, should increase the satisfaction derived from the job. Similarly, such a simulation should also reduce the number of complaints about the job performance of the health care professional.

Knowing that nurses and nurse aides communicate in a stylistically different fashion and often about different topics of conversation (c.f. Nussbaum, Robinson, & Grew, 1983; 1985) it was necessary to examine the impact of simulated aging on nurses and nurse aides separately. Specifically it was hypothesized that:

H1: Nurses that participated in the simulated aging experience "Into Aging" will be more satisfied with their jobs than nurses who did not participate in the simulation.

H2: Nurse aides that participated in the simulated aging experience "Into Aging" will be more satisfied with their jobs than nurse aides who did not participate in the simulation.

H3: Nurses that participated in the simulated aging experience "Into Aging" will receive fewer complaints from residents than nurses who did not participate in the simulation.

H4: Nurse aides that participated in the simulated aging experience "Into Aging" will receive fewer complaints from residents than nurse aides who did not participate in the simulation.

Methods

Site of the study. This investigation utilized the staff of a comprehensive health care facility. The facility was a privately owned, proprietary nursing home with approximately 300 beds, providing 24 hour service in a variety of different areas including Occupational Therapy, Physical Therapy, Speech Therapy, and a full time activities director to assist in the residents of varying physical and mental capabilities.

Population and Sampling. Thirty-nine (39) of 55 licensed nurses and 111 of 129 nurse-aides from the facility described above participated in the simulated aging experience, representing approximately 82% of the nurses and nurse aides employed at that time. The staff participated as part of a regularly scheduled inservice activity and a total of 10 simulations were conducted with 15 staff members in each group.

Independent Variable. The independent variable employed in this investigation was Hoffman & Reif's (1978) simulated aging experience, Into Aging. Hoffman & Reif (1978) describe the game as a "microcosmic experience intended to dramatize certain attitudes and beliefs underlying society's way of dealing with the elderly." Essentially 10 groups of 15 staff members were asked to participate in a simulation that allows them to experience some of the difficulties associated with aging and being institutionalized. Players start as relatively self sustaining individuals and throughout the game become more and more dependent on others and less able to perform the tasks asked of them in the simulation. Changes in physical, financial and psychological condition continue throughout the game and props such as ear plugs, wheel chairs, restraints and sun glasses smeared with petroleum jelly are employed to simulate aging. The simulation takes about 30 minutes and is followed with a debriefing session often lasting longer than the simulation. (See Hoffman & Reif, 1978 for a more detailed description of the simulation).

Dependent Variables. The dependent measures employed in this investigation included Smith, Kendall & Hulin's (1969) job satisfaction scale. Previous internal reliability estimates for the job satisfaction scale have exceeded

The second dependent measure employed in this investigation was the number of complaints registered by a resident against a staff member. The complaints were monitored as a regular part of staff evaluation over a period of 3 months prior and subsequent to the simulation. Relevant categories of complaints were "very rough handling, rough handling, and verbal abuse." The system of evaluation is a regular component of the staff evaluation techniques employed by this particular facility and not contrived

for this investigation. All coding was done by the same employee who regularly codes these complaints and under blinded conditions.

In addition, basic demographic information including age, sex, job title, length of employment, and the average number of hours the staff member worked each week were ascertained. See table one for the demographic breakdown of the staff.

The four hypotheses were tested in this post-test only control group design (Campbell & Stanley, 1963) using one- way analysis of variance. Participation in the simulated aging experience served as the independent variable and self reports of job satisfaction and the number of complaints reported against the staff members as the two dependent measures.

Results

Hypothesis one stated, "Nurses that participated in the simulated aging experience 'into Aging' will be more satisfied with their job than nurses who did not participate in the simulation," and was not supported.

Hypothesis two stated, "Nurse aides that participated in the simulated aging experience 'into Aging' will be more satisfied with their job than nurse aides who did not participate in the simulation," and was supported ($F=5.121$; $df=1/110$; $p= <.025$; $eta^2 =.044$).

Hypothesis three stated, "Nurses that participated in the simulated aging experience 'into Aging' will receive fewer complaints from residents than personnel who did not participate in the simulated aging experience," and was not supported.

Hypothesis four stated, "Nurse aides that participated in the simulated aging experience 'into Aging' will receive fewer complaints from residents

than nurse aides who did not participate in the simulated aging experience," and was not supported.

Discussion

This investigation sought to document and explain the impact of a simulated aging experience, "Into Aging," on staff perceptions of job satisfaction and the number of complaints registered against staff members by the residents of a long term health care facility. It was reasoned that the nursing staff would derive more satisfaction from their jobs and receive fewer complaints from residents if the staff better understood the difficulties of aging and being institutionalized. This reasoning received some support.

Results from the first two hypotheses indicate nurse aides who undergo the simulated aging experience are more satisfied with their jobs than nurse aides who did not participate in "Into Aging." Significant differences between nurses who had participated in the simulated aging experience and those who had not participated did not occur. Previous research suggests that the difficulties of continually caring for the elderly produces problems such as high turnover rates and high absenteeism in the nursing home (Sheridan, Fairchild, & Abelson, 1981; Wallace and Brubaker, 1981) and these symptoms are reported to be caused by dissatisfaction with work (Allen, Jackson, & Jounger, 1980). It was hoped that through simulated experience activities the satisfaction derived from caring for the institutionalized elderly could be increased by increasing the understanding of the staff about the difficulties in aging in a nursing home. Further, it was hoped that the quality of care would also improve

with the increased levels of job satisfaction, but this remains to be examined empirically. It does appear, once again, that the needs of the nursing staff are not homogeneous. Nurse aides appeared to be influenced by the simulation and the nursing staff did not.

Hypothesis three and four which stated "Nurses and nurse aides that participated in the simulated aging experience "Into Aging" will receive fewer complaints from residents than personnel who did not participate in the simulated aging experience," were not supported. In light of the expectations about the relationship between satisfaction and performance offered above, this was a somewhat disappointing result. However, post hoc analyses suggests that the simulated aging experience did improve the quality of care for residents in some cases and in some specific ways. Once again, the improvements centered on the nurse aides and not with the nurses.

While the data offered some support for the argument that simulated aging experience will help staff members derive more satisfaction from their job and improve the performance of their daily tasks, the nurse aides seemed to be more influenced by the simulation than the nursing staff. Previous research (Nussbaum, Robinson, & Grew, 1983; 1985) found similar differences between nurses and nurse aides when they interact with elderly residents. Future research needs to be cognizant of these differences and not lump nursing staff personnel into one convenient category.

Finally, post hoc examination of the data suggests that even though the overall number of complaints registered by residents did not decrease significantly, the severity of the complaints registered did decrease. While the data is unavoidably anecdotal in nature and difficult to

report/verify because of the agreements between researchers and nursing home administration, the findings are fairly straightforward.

For example, in the quarter prior to the simulation the staff received 5 instances of "very rough handling" and in the quarter following the simulation there were no instances of complaints being coded by the staff administration as "very rough handling." Since the staff member coding the complaints was completely unaware of the simulation and since the mean number of such cases for the previous two years was 5, it seems reasonable to expect that the decrease was a result of the simulated experience. Exactly how long this improvement will last, again, remains an empirical question that needs to be answered.

In the quarter prior to the simulation, the staff received 6 complaints about being verbally abusive to the residents and afterward there were 8 complaints were registered. After the normal investigation, it was determined that 3 were not actually abusive incidents but rather misunderstandings about medical regime. For example one resident lodged a complaint because a nurse aide would not help him with his exercises in physical therapy. Of course the aide would not help him because the physician had asked that the resident do those things himself as part of his physical therapy. In two other cases the complaints were about profane language, but upon investigation it was discovered that the profane language was used but that it was not directed at a resident as was common prior to the simulation according to the patient/resident representative in charge of evaluating these complaints.

It is interesting to note that other anecdotal evidence of the effectiveness of the simulation abounds. Even though there was no data kept

on incidents of patient bodily exposure, the staff members were in agreement that the incidents have decreased dramatically since the inservice activity. As one of the nurse aides suggested in the debriefing session of the simulation, "I never really thought too much about their privacy, even though people talk about it all the time."

Finally, one specific case may serve as the best evidence of the successful nature of this simulation on staff treatment of residents. Two nursing assistants decided to work with an individual who had been confused and had to be restrained as sort of a personal project. The two aides decided to release the restraints of one resident whenever they were around the woman and prosocial skills were encouraged. Eventually this woman was no longer required to be restrained and was transferred to a lower skilled level of care.

The nurse assistants reported to the Director of Continuing Education that they were proud of their accomplishment and said that they had tried to help this resident because of their simulation experience. Certainly, this is not evidence of a miracle, nor is the simulated aging experience a panacea any more than communication is a panacea. However, in this one case, two nurse aides took it upon themselves to help a nearly completely dependent and ignored resident and the end result was, as one aide described it "an unbelievable improvement" in the woman's abilities and seeming life quality as a direct consequence of the staff members' involvement in the simulated aging experience.

Suffice it to say, the nursing home has decided to include the simulated aging experience into a standard inservice activity for new employees and as a voluntary refresher for the veterans employees. In

short, the simulation may not have resulted in statistically significant differences, but the differences in the nursing staff are certainly significant.

Implications

The implications of this investigation are clear. The simulated aging experience appeared to have increased the satisfaction that some staff members derive from their job. Not surprisingly, the nurse aides who have less formal education in most instances and little social skills training experience benefit more from the simulation than the nurses. This was reflected in both the empirical data the anecdotal data. While the number of overall complaints did not decrease, it appears that the severity of the complaints decreased that some staff members responded in almost heroic fashion in their attempts at implementing their newly raised consciousness.

Further, this investigation puts us one step closer to offering prescriptive advice to nursing staff personnel. It appears that simulated aging experience is helpful and especially helpful to the nurse aides. However, different variations of the simulation might yield more better results. Further research in this area is needed.

Finally, it is becoming more and more apparent that the communicative relationship between staff and residents affects the staff as well as the residents. Communication skills training programs should concentrate on the ways that improved relations with residents will not only improve the quality of life for residents, but staff members alike. Future research into staff training should consider both staff and resident in the creation and implementation of communication skills programs. Future research should also recognize that nurses and nurse aids differ significantly in their

interactional styles with the residents. Social skills and communication skills training for may differ for these different health care professionals.

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Table 1

Demographic Information of Subjects

	Nurses n = 39			Nurse Aides n = 111		
	Mean	Median	Standard Deviation	Mean	Median	Standard Deviation
Age (years)	33.5	36.8	12.8	31.2	28	13.3
Time on job (months)	47.8	23.6	84.3	48.9	19	95.7
Average hour work week	42.3	39.9	16.23	42.9	39.8	15.9
Sex		(Male = 0)			(Male = 0)	